

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
CARD OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

El Paso Natural Gas Company

Address P.O. Box 289, Farmington, New Mexico 87401

Reason(s) for filing (check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Russell	Well No. 4 A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal other SF	Lease No. 078499
Location Unit Letter <u>E</u> : <u>1630</u> Feet From The <u>North</u> Line and <u>900</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>28-N</u> Range <u>8-W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 24
	Twp. 28-N	Rge. 8-W
	Is gas actually connected? When	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 12-15-79	Date Compl. Ready to Prod. 7-8-80		Total Depth 5524'		P.B.T.D. 5506'			
Elevations (DF, KKB, RT, GR, etc.) 6287' GL	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 4502'		Tubing Depth 5440'			
Perforations 4502, 4508, 4540, 4546, 4567, 4574, 4712, 4735, 4742, 4762, 4960, 4965, 5036, 5041, 5065, 5071, 5086, 5092, 5098, 5112, 5163, 5174, 5208, 5268, 5326, 5341, 5392, 5415, 5437, 5460'					Depth Casing Shoe 5524'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		223'		224 cu. ft.			
8 3/4"	7"		3175'		293 cu. ft.			
6 1/4"	4 1/2"		3013-5524'		429 cu. ft.			
	2 3/8"		5440'					

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1120	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 829	Casing Pressure (Shut-in) 902	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

Drilling Clerk

(Title)

July 16, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 28 1980, 19
Original Signed by FRANK T. CHAVEZ
BY

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner,
well name or number, or transporter, or other such change of condition.Separate Form C-104 must be filed for each pool in multiply
completed wells.